



# Dangerous Substances Spillage Reporting Form

## Dangerous Substances Law (2017 Revision)

### Section 13

**Notice:** This form is to be completed & submitted by the party/parties involved or responsible for the spillage/release of Dangerous Substances as required by the Dangerous Substances Law. The Operator of a regulated premises and/or a permitted vehicle shall report any spill of 5 imperial gallons or greater to OfReg within 24 hours of such an occurrence.

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Date of Incident \_\_\_\_\_ Time of Incident  Form DSSRF18-01

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**A) Location Information**

Person/Business Name \_\_\_\_\_ Permit Number (If Applicable) \_\_\_\_\_

Premises Street Address \_\_\_\_\_ PO Box / Postal Code \_\_\_\_\_

District & Island \_\_\_\_\_ E-mail address \_\_\_\_\_

Block & Parcel \_\_\_\_\_ Contact Number(s) \_\_\_\_\_

Location Affected?      Land                      Sea                      Canal  
                                     Pond                      Deep Well  
                                     Other



**B) Spill Information**

Product(s) Involved \_\_\_\_\_ Total Amount Released (Imp Gal) \_\_\_\_\_

Gasoline (Regular)                      Gasoline (Premium)

Diesel    Biodiesel

Other

**Description of Circumstances of the Release (How, When, What, Where, Why)**

**Actions taken to Control the spill & Mitigate Injury to Persons or Harm to the Environment**

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**Measures being taken to Prevent such a Release/Spill in the Future**

**I certify that the above statements are true to the best of my knowledge.**

Signature:

Date:

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**Please e-mail/deliver this form to:**

**Fuels | OfReg**

**Allista Towers 3rd Floor, 85 North Sound Rd, George Town, Grand Cayman, Cayman Islands**

**P.O. Box 2502 KY1-1104**

**Tel: (345) 946.4282**

**Email: fuels@ofreg.ky**

**within 24 hours of the release or spillage.**

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**Internal Use Only**

Reference Number

Date/Time Received:

Received within 24 hr of  
incident?

Yes

No

Further  
Investigation  
Required?

Yes

No

Information Verified?

Yes

No

OfReg Signature